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FOCUS

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WASHINGTON STATE DEPARTMENT OF SOCIAL AND HEALTH SERVICES • DIVISION OF BEHAVIORAL HEALTH AND RECOVERY



A group of young Southeast Asian American students shared their experiences as members of a Seattle film project and walked away with the Grand Prize at the 2012 Spring Youth Forum – a \$3,000 partial scholarship to an upcoming prevention leadership conference.

The group was one of 42 youth teams who won scholarships to the Spring Youth Forum at the Great Wolf Convention Center where they shared their efforts to fight drugs, alcohol, tobacco, bullying, suicide, gang violence and other destructive behaviors in their schools and communities and competed against one another for prizes.

The SE Asian Men's Film Project offered by Asian Counseling and Referral Service provides high school-aged boys, primarily from refugee families (Cambodian, Cham, Hmong, Lao, Khmu, Mien and Vietnamese),

an opportunity to connect with their culture, school and community through film-making.

The project diverts youth from drug and gang activity and gives them the opportunity to learn about documentary making and film production. At the forum, the youth shared the trailer for one of their upcoming films chronicling one of the boys' decision to quit using marijuana – including the challenges, consequences and benefits he encounters in his journey.

Now in its fourth year, the Washington Prevention Spring Youth Forum is presented

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FROM THE DIRECTOR

Chris Imhoff

Director, DSHS-ADSA
Division of Behavioral Health and Recovery

Recent events in the news remind us of the importance of communities coming together and taking care of each other. If you are concerned about the mental health of a friend or family member, there are places to turn for help. Washington State's Recovery Helpline provides information about mental illness and treatment. They can be reached 24 hours a day at 1-866-789-1511. In addition, the National Suicide Prevention Lifeline can be reached at 1-800-273-TALK. The Disaster Distress Helpline at 1-800-985-5990 offers 24 hour support for people in need of immediate counseling following natural or man-made disasters, such as the tragic shooting fatalities in Seattle.

This is a good time to remind the public that, according to the American Psychiatric Association, the vast majority of people who are violent do not have a mental illness. In fact, people with psychiatric disabilities are far more likely to be victims of violent crime than to be violent towards others. One in four people experiences a diagnosable mental illness in any given year. Recovery happens when people have access to effective treatment, and are treated with compassion and understanding. In order to help our family members, friends and co-workers recover, we must be mindful to always use "people first" language, avoid using negative labels to describe people who have a mental illness, and never tolerate discrimination.

Children's Mental Health Services Redesign Update

DBHR staff, representatives of other child serving agencies in state government (Developmental Disabilities Division, Health Care Authority, Children's Administration, Juvenile Rehabilitation), youth, families, Regional Support Networks, providers and other stakeholders are hard at work at system reform. This is driven by the Children's Mental Health Re-design effort and the recently signed T.R. v. Dreyfus Interim Agreement. Named plaintiffs in the T.R. case have been offered a reassessment and treatment consistent with that assessment.

An implementation plan guiding the work to be accomplished under the Interim Agreement has been completed and is being shared with stakeholders. That plan is a subset of the overall children's mental health re-design plan. An access model depicting the paths for identification, screening and assessment of children needing intensive services has been completed as well.

Many other tasks are well underway including a variety of workforce development activities, work on the implementation of the CANS screening and assessment tool, adoption of a core practice model and system principles are underway. All of the commitments and achievements in the interim agreement will be completed by June 30, 2013.

Health Care Integration

On April 26, Washington State submitted HealthPathWashington: A Medicare Medicaid Integration Project to the Centers for Medicare and Medicaid Services (CMS). The final design plan is the result of ten months of collaboration between the Health Care Authority and the Department of Social and Health Services and extensive engagement with individuals, who receive, provide, administer and advocate for services provided by these programs.

During the draft design plan public comment period (March 12 - April 13, 2012), the state received over 200 pages of written comments from more than 60 organizations and individuals. Overwhelming support was expressed for the state's proposed approach to integrate care using multiple strategies. The stakeholder feedback was extremely valuable and many revisions were made to the final plan in response to the feedback. The state will continue to work with stakeholders and other interested parties as we move from design to implementation planning. Washington State's final design plan and the written comments are posted on the [project's website](#). See [Integrated Care Resource Center website](#) for more information.

Stakeholder Notices

In May we notified providers and other stakeholders that state-funded assessments for chemical dependency are now limited to two per year. [View details and other recent stakeholder notices](#) about the Medicaid mental health waiver and an RFI for pilot projects with inpatient chemical dependency treatment providers.

For ongoing updates about behavioral health issues in Washington and nationally, please visit my [Director's Page](#).

Do you have a success story or news to share?

Send state and community news and success stories for FOCUS to:
deb.schnellman@dshs.wa.gov

Resources

[DBHR website](#)

[Washington Recovery Helpline](#)
1-866-789-1511

[Suicide Prevention Lifeline](#)
1-800-273-8255

[Licensing for Chemical Dependency Professionals](#)

[Mental Health Professionals](#)

DSHS Secretary
Robin Arnold-Williams
DBHR Director
Chris Imhoff

by the Department of Social and Health Services (DSHS) Division of Behavioral Health and Recovery and funded by a grant from the consumer protection division of the Washington Attorney General's Office.

The Attorney General's Office grant funds the entire forum in an effort to support the prevention of prescription drug, over-the-counter and synthetic drug abuse as well as other destructive behaviors. The grant funds are generated from court settlements with drug companies for consumer protection violations impacting citizens of Washington state.

"The students bring a passion for prevention and a deep understanding of how to communicate with each other to make a positive difference in each other's lives," said Attorney General Rob McKenna, "I'm proud my office is able to help plan and implement this forum and I'm pleased we've had grant funding available to keep it alive year after year."

The 42 teams are divided into seven rooms where they first present their projects to each other. Their peers and adult judges then assess each presentation in five categories: innovation, sustainability, impact, presentation style and professionalism and collaborations and partnerships.

The top teams from each room then present their projects to the entire group. Teams receive prize packages for either winning their room or receiving the highest score in a given category.

Along with the SE Asian Young Men's Group, the top teams from each room were:

- The Darrington Youth Coalition, whose Step Up Campaign was an on-going project that targets alcohol and marijuana abuse as well as bullying, through public service announcements, teen "nites" with healthy activities for middle school and high school students, senior safe night and a poster campaign;
- The Maple Valley Youth Council, who created an original song about problem gambling awareness and plans to perform flash mobs that feature six different murals created by rotating painted cubes;
- White Swan Dream Makers, the 2011 Grand Prize winners, who continued their work to prevent suicide in their school and community using the strategic prevention framework to identify risk factors such as bullying and harassment then working to educate peers on bullying through assemblies, literature and classroom presentations;
- Wenatchee Youth Coalition, whose "Passion for Action" project sought to prevent and end marijuana use in their school and community;
- Raiders against Destructive Decisions from Nathan Hale High School in Seattle, who also fought marijuana use in their school by publicizing the effects of marijuana through a town hall meeting, an emphasis week and a carnival; and
- The Preventors from Kenmore Junior High School, who implemented a "No Name Calling Week" with a variety of activities to prevent bullying in their school.

Category winners included:

- Quincy Youth Action, who won the Innovation award for their "Youth Feud: Drug Facts Edition" skit, modeled after the game show "Family Feud;"
- West Seattle High School's KATS (Kids Against Tobacco and Substance Abuse), who won the Sustainability award for their program aimed at teaching sixth and seventh grade students the dangers of smoking and tobacco;
- Puyallup High School's Above the Influence team, who won the Presentation Style and Professionalism award for their presentation on the team's lunchtime health and wellness displays, including a jeopardy game testing students' knowledge about alcohol;
- Shelton High School's SADD (Students against Destructive Decisions) club, who won the Impact award for their four-part DVD on texting and driving which has been shown to more than 300 public and commercial school driver education programs, various school assemblies, several traffic safety conferences and many meetings; and
- VOICE (Voicing Our Ideas, Challenging Everyone) from Sedro-Woolley, who won the Collaborations and Partnerships award for their "Varsity in Volunteerism" program which allows students to earn a varsity pin for volunteering for a minimum of 100 hours of community service.

Congratulations to all the youth teams and their advisors who participated in this year's Youth Forum.



**Southeast Asian
Young Men's Group**

First National Prevention Week

By Jackie Jamero Berganio, Program Manager

King County Mental Health, Chemical Abuse, and Dependency Services Division

During May, the Substance Abuse and Mental Health Services Administration (SAMHSA) launched [National Prevention Week](#), a new SAMHSA-supported annual health observance that celebrates the work community organizations and individuals do year-round to help prevent substance abuse and promote mental, emotional, and behavioral well-being. This health observance is an opportunity for community members to learn more about behavioral health issues and get involved in prevention efforts that can continue throughout the year. This year's National Prevention Week was May 20-26 and included a focus on the following:

- Preventing Underage Drinking
- Preventing Prescription Drug Abuse and Illicit Drug Use
- Preventing Alcohol Abuse
- Suicide Prevention
- Promoting Mental, Emotional and Behavioral Well-Being

To spark participation in National Prevention Week, SAMHSA awarded \$500 stipends to two communities in Washington State: Toppenish in Yakima County and King County.

With this SAMHSA funding support, the Toppenish Community Coalition for the Toppenish Community Foundation and Community Safety Network of Toppenish held a May 23 Town Hall Meeting on preventing prescription drug abuse and illicit drug use.

The King County Mental Health, Chemical Abuse and Dependency Services Division (MHCADSD) used the SAMHSA stipend to produce posters and buttons with the campaign theme, How are you taking action? National Prevention Week was planned and organized by prevention staff from MHCADSD's Mental Health (MH), Community Mobilization, Alcohol and Other Drug Prevention, and School-based Collaborative MH and Substance Abuse Programs. MHCADSD staff distributed these materials to youth and adults at meetings, school events and community functions throughout King County.

MHCADSD enhanced National Prevention Week by allocating a small amount of Mental Illness and Drug Dependency funds (local 1/10th of 1% sales tax dollars) to support 15 community-driven mini-grant projects that directly aligned with and acknowledged National Prevention Week and its purpose:

- Stress Management Workshop with Yoga Class
- Town Hall Conversation with King County and Talent Show
- Healthy Choices School Carnival
- Middle School Sports Program
- Prevention Daily Trivia and Art Contest
- YMCA Teen Late Night
- Town Hall Meeting with Youth
- Mentor Appreciation Dinner
- Speaking Event for At-Risk Latino Youth
- BGLAD LGBT Youth Program
- School Spirit Assembly on Anti-Bullying
- Speaking Event for Asian American Youth and Families about Alcohol Abuse

- Underage Drinking Prevention/Prom Safety School Activity
- School-Wide Assembly and Lunchtime Activities
- Community Block Party Dance and BBQ Potluck

The mini-grant projects involved a wide array of agencies, schools and organizations in King County including: Asian Counseling and Referral Services, Auburn Valley YMCA, Center for Human Services, Central Seattle Drug-Free Communities Coalition, Denny International Middle School, Jubilee REACH, Latino Community Fund of Washington, Nathan Hale High School, Navos, Recovery Café, Stevenson Elementary PTA, Skykomish School District, and Youth Eastside Services.

SAMHSA, Toppenish, King County and other communities also encouraged people to take the [Prevention Pledge](#) to show their commitment to preventing substance abuse and promoting mental, emotional, and behavioral well-being. The Prevention Pledge included these steps:

- Point loved ones in the direction of [resources](#) that can help them improve their mental, emotional, and behavioral well-being.
- Be a role model in my community by abstaining from alcohol abuse, prescription drug misuse, and illicit drug use.



During prevention week students at Stevenson Elementary in Bellevue learned the importance of treating all classmates with kindness and compassion. The assembly included aspects of Rachel's Challenge and the Virtues Project (campaigns to prevent school violence, bullying and teen suicide).

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Predicting Substance Misuse Among Young Adults

A new journal article, co-authored by members of DBHR's State Epidemiological Outcomes Workgroup, reviews the research evidence that identifies the risk and protective factors associated with substance use among people in the age category of "emerging adulthood". Since the mid-1990s DBHR has planned prevention services using a framework developed at the U.W.'s Social Development Research Group that targets specific community-level risk and protective factors as identified by the Healthy Youth Survey. Until now a similar framework for targeting prevention services for young adults has not existed.

Dr. Stone and her colleagues began the research review using criteria established in the original review. For a predictor to be identified as a risk or protective factor, a minimum of two longitudinal studies must find the association with substance use. Longitudinal studies follow individuals over multiple time points. (In contrast, the Healthy Youth Survey is "cross sectional" in that it may survey the same group at multiple time points, but the data from one survey to the next cannot be linked to the same respondent.) Longitudinal studies are difficult and expensive to conduct, but are necessary in order to establish cause-and-effect relationships.

Many substance use problems peak during young adulthood, usually defined as ages 18 to 26. During this stage of development, individuals experience rapid transitions into new social contexts involving greater freedom and less social control than experienced during adolescence. This new independence is often expressed in increased rates of substance use and abuse. Understanding the risk and protective factors associated with emerging adult substance use problems is an important step in developing interventions targeting those problems.

Dr. Stone found that many of the risk and protective factors associated with young adult substance use problems are the same as those that predict substance use in adolescence, a finding that would not surprise many of us who work in the field. In both adolescence and young adulthood, substance use is strongly predicted by having peers who use, favorable attitudes toward substance use, and a perception of tolerant norms. As in adolescence, young adults are at an increased risk of problems if they are male, have substance-dependent parents, experience other problem behaviors during adolescence, exhibit a lack of belief in conformity or the moral order, have low commitment to school, or if they used substances during adolescence – particularly if they were "early" users.

Other factors, unique to the young adult time of life, also predict problem substance use. For instance, the review identified social contexts that involved greater freedom and less social control, such as moving away from home and attending college. There is some evidence (not yet fully supported by research) pointing to being in the military, or being a college athlete, as factors that may increase use. On the other hand, lower levels of substance use are predicted by engaging in work, marriage and cohabitation, and graduating from college.

Substance use and its harmful effects peak during young adulthood. This research review suggests that opportunities to reduce these harmful consequences through modifying risk and protective factors may begin prior to birth and continue through young adulthood. Interventions that may reduce young adult substance abuse include:

- Reducing substance use among pregnant women;
- Providing parents with family management skills;
- Promoting academic performance and social, cognitive, and emotional skills among children and teens; and
- Reducing negative peer influences.

Prevention interventions that address these factors have reduced adolescent substance use, and some long-term follow-up studies have shown an impact into young adulthood.



Marty Smith Safety Training Now Online

In 2007, following the tragic murder of Marty Smith (a Designated Mental Health Professional in Kitsap County), the Washington State Legislature passed into law Substitute House Bill (SHB) 1456, which requires all community mental health workers who have direct contact with mental health consumers to undergo annual training on safety and violence prevention (RCW 49.19.030).

This law directed the Washington State Department of Social and Health Services (DSHS) to develop the training curriculum, in collaboration with community providers and employee organizations representing community mental health workers in Washington State.

In 2009, the DSHS Division of Behavioral Health and Recovery (DBHR) and the Washington Institute for Mental Health Research and Training (WIMHRT/UW) began conducting training for licensed community mental health agency staff using this new curriculum. The curriculum consists of a set of 8 compact disks (CD's) and is disseminated to agencies via a "Train the Trainer" model.

These training materials have now been adapted for online training through Essential Learning CE-quick. To access these free trainings, visit <http://www.cequick.com/Washington-State-Marty-Smith-Safety-Training.aspx> and follow these steps:

- The package is free of charge but your order is processed the same way as purchasing a course.
- Once you are on the Marty Smith Training page, select **ADD TO CART >**.
- This will display your order where you can then choose **CHECKOUT**.
- If you have never used CEQuick before, you will need to register for a free account by using the **REGISTER** button. Otherwise, sign in using your email address and password.

DBHR encourages agencies to use this valuable training as an aid in implementing annual safety training. We also encourage agencies to continue to participate in the live Marty Smith Safety Training provided annually by DBHR and WIMHRT. This training provides direct hands-on skills in verbal de-escalation, personal safety and safe outreaches. Participants are then able to provide the online training for other agency staff.

Questions about the training should be directed to David Kludt, DBHR Program Administrator. Questions about accessing the training online should be directed to Essential Learning Customer Support.



Rainier Passes State's Second Social Host Law

The Rainier City Council passed a law that aims to curb underage drinking, effective June 21.

If an underage gathering involving alcohol occurs, Ordinance 607 will hold responsible the person who owns, rents, leases or controls the property where the party happened. Breaking the law will have civil repercussions, including fines. It's only the second such "social host" law in the state, following Mercer Island.

Some parents believe teens are safer if allowed to drink in their own homes, and are seemingly unaware that alcohol has a greater affect on the developing teen brain. Compared to those who are over 21, teens who drink are at higher risk for damaging the areas of the brain that control memory, learning and judgment.

Social host ordinances are an effective strategy for reducing underage alcohol use by getting parents and property owners to work together. "This isn't just about enforcement, it's about educating our community that there is never a safe time for minors to consume alcohol," said Rainier Mayor Randy Schleis.

"I think it's going to help," said Tameka Brice, a Rainier High School graduate and member of the Rainier Community Coalition who now attends the University of Washington. "Since 2004, four people I've known have been killed by drunk driving."

Planning partners and supporters include Thurston County's TOGETHER!, Target Zero Thurston, local law enforcement and judicial representatives, the Rainier Community Coalition, the state Coalition to Reduce Underage Drinking, and the state Division of Behavioral Health and Recovery. For more information on social host laws and how alcohol affects teens, go to www.liq.wa.gov or www.niaaa.nih.gov.

Progress on Expanding Systems of Care for Children's Mental Health Services

By Margarita Mendoza de Sugiyama, Project Manager, Systems of Care Expansion Planning Grant

On January 31, 2012 the DSHS Division of Behavioral Health and Recovery completed the first six months of the System of Care (SOC) Expansion Planning Grant Project. The mid-point SOC Project requirements were marked by submitting the SOC Grantee Progress Report and the 1st and 2nd quarter Transformational Accountability (TRAC) Report to the Substance Abuse and Mental Health Services Administration (SAMHSA).

A primary focus in the first six months of the SOC Project has been to track and report the collaborations and partnerships among designated system authorities, and family and youth leadership, in implementing the five goals:

1. Infuse SOC values in all systems for children, youth, and families;
2. Ensure services are seamless for children, youth and their families;
3. Build access and availability of home and community-based services;
4. Develop and strengthen a workforce that operationalizes SOC values; and
5. Build a strong data management system to inform decision-making and track outcomes.

Without exception, SOC partners are bringing family-driven and youth-guided core values to the work they are doing within their respective agencies and collaboratively in cross system efforts. These partnering state agencies include the:

- Office of Superintendent of Public Instruction;
- Department of Health;
- Health Care Authority;
- DSHS Children's Administration;
- DSHS Juvenile Rehabilitation Administration, Chemical Dependency Services;
- DSHS Division of Developmental Disabilities; and
- DSHS-DBHR Children's Mental Health Services

The most important action taken to create family-driven and youth-guided approaches has been collaborating with youth and their families. Their voice is included in all planning, programs, and decisions related to children's mental health initiatives, including SOC.

The Statewide FYSPRT Leadership Team participated in the Family Driven Care and Practice System Self Assessment Tool (Huff & Osher 2007) to gain a baseline understanding in policy and practice across families, youth and systems. This tool will also be taken to the Regional FYSPRTs to support a statewide self-assessment to identify readiness to implement system change to promote expansion of SOC. Enhancing and further developing FYSPRTs throughout the state is significant progress that will continue beyond the 12-month SOC Planning Grant.

Family and Youth Leads are supporting the organization and development of FYSPRTs beginning in regional quadrants: Northeast, Southeast, Northwest and Southwest. This development builds on the great work done through the four Family Regional Organizing efforts that began in 2011, which followed the values and principles of SOC and Wraparound. The membership developed will reflect/model equitable partnerships between Family, Youth, Community and all levels of System Partner representation.

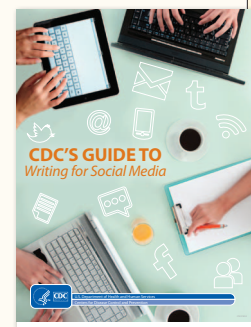
In the 2nd quarter TRAC Report to SAMHSA, we identified a greater number of SOC collaborative activities and events. Family, Youth and System Partners regularly attend conferences and make presentations where they engage family, youth, students, community members and professional peers in SOC and wraparound discussions. The SOC Westside and Eastside Lessons Learned events brought SOC and Wraparound advance practitioners together to share their knowledge and experiences in the field and to exchange ideas.

The success of the one year SOC Expansion Planning Grant continues to depend on creating sustainability for the statewide individual and collaborative SOC efforts. The SAMHSA government project officer (GPO) will continue to monitor our success in making system changes in policy development, partnerships and collaboration, and accountability. The SAMHSA GPO/SOC coach and technical assistance specialists continue to be valuable resources for accomplishing Washington State's SOC goals and fulfilling the grant requirements.

For more information about the SOC grant, email sugiyama@dsht.wa.gov.

New Resources

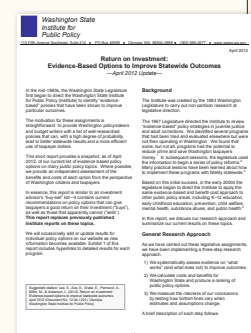
The Centers for Disease Control recently released a [Guide to Writing for Social Media](#) to share the lessons learned in more than three years of creating social media messages in health communication campaigns, activities, and emergency response efforts. In this guide, you will find information to help you write more effectively using multiple social media channels, particularly Facebook, Twitter, and mobile phone text messaging. The guide is intended for a beginner audience, although some readers with an intermediate level may find it useful too. See also [Health Communication Tools and Templates](#) webpage.



For Children's Mental Health Awareness Day on May 9th, SAMHSA released a new report and shared the message that with the help of caring adults, children and youth can demonstrate resilience despite having experienced a traumatic event, with a special focus on children and youth who have been served in the child welfare system. Download [Helping Children and Youth Who Have Experienced Traumatic Events](#).

The Washington State Institute for Public Policy has posted: [Return on Investment: Evidence-Based Options to Improve Statewide Outcomes \(April 2012 Update\)](#). The 2009 Washington Legislature directed the Institute to calculate the return on investment to taxpayers from evidence-based prevention and intervention programs and policies. The Legislature instructed the Institute to produce "a comprehensive list of programs and policies that improve outcomes for children and adults in Washington and result in more cost-efficient use of public resources. [View all recently released WSIPP reports.](#)

The University of Washington's [Alcohol and Drug Abuse Institute Clearinghouse](#) has several new titles in their video lending library.



New RX Monitoring Program an Important Tool for Patient Health and Safety

By Chris Baumgartner, Director, Washington State Prescription Monitoring Program

A new tool in patient care is available for prescribers, pharmacists, and other licensed health professionals. Prescription Review (the state Prescription Monitoring Program) went live to providers on Jan. 4, 2011.

The Washington State Department of Health (DOH) developed this online resource to provide important information on controlled substances dispensed to patients. Data collection began in October 2011. As of May 22, 2012 the system had over 815 million records. At least 8,200 health providers have registered for and received access. As of May 15, 2012 registered health providers have made over 130,000 patient history requests.

Of the 3.54 million records collected in 2011, over 900,000 were for Hydrocodone Acetaminophen (over 49 million pills). Between Oct. 1, 2011 and Feb. 29, 2012, over 477,000 people in Washington received at least one prescription for a Schedule II drug. During that same time, over 713,000 people received at least one prescription for a Schedule III drug.

A registered health provider shared that "Now that I've started using this system, it's almost hard for me to imagine how I was practicing medicine without it. When I prescribe scheduled meds now, I routinely search the Prescription Monitoring Program database to ensure the patient isn't getting similar meds from another provider. It is amazing to me how often this search reveals that the patient actually was getting such meds somewhere else, and not providing this information. Finding this out helps prevent abuse of the system and thus keeps costs down for everyone. Most importantly, it helps to keep patients safe and allows us to get them the help that they truly need."

Practitioners may request prescription history reports for their patients from the program. The information is online 24 hours every day. To register to access the information, visit (www.wapmp.org/practitioner/pharmacist/) and follow the steps in the Training Guide for Practitioners and Pharmacists. DOH encourages providers to use this new system to provide improved patient care and help us prevent prescription drug misuse.

The program website (www.doh.wa.gov/hsqa/PMP/default.htm) provides more information and an option to receive updates through a listserv. You can also contact Prescription Monitoring Program Director Chris Baumgartner at 360-236-4806 (prescription-monitoring@doh.wa.gov).

A Provider's Experience

By Ron Jackson, MSW, LICSW, Executive Director, Evergreen Treatment Services

Evergreen Treatment Services (ETS) is a private non-profit agency certified and accredited by DBHR to provide adult outpatient Opiate Substitution Treatment (OST). We currently provide services to about 1,400 people in our Seattle and Olympia clinics. Dr. Westley Clark (Director of SAMHSA's Center for Substance Abuse Treatment) issued a guidance document to Opioid Treatment Programs (OTPs) on September 27, 2011 encouraging Opiate Treatment Programs to "utilize PDMPs as an additional resource to maximize safety in patient care pursuant to applicable state guidelines." ETS Medical staff started meeting right after that to draft protocols for using the Washington State PMP to help protect the health and safety of our patients.

We developed three protocols: one for the initial review of all patients receiving methadone or buprenorphine at ETS once the PMP became active in January, 2012; another for patients during the admission process; and a third for ongoing monitoring while patients are in treatment. All patients were notified in December that ETS would be using the PMP and were reminded to register all medications and refills (this is a standing program requirement). The rate of such registrations tripled after we published this notice. Patients were also assured that their participation in OST would not be revealed during the inquiry process. People seeking admission to treatment were told that ETS medical staff would be querying the PMP database during the medical intake process, and were encouraged to report their prescriptions for controlled substances.

ETS nursing staff with PMP secondary accounts (established by ETS medical providers) completed the initial full caseload query during the first two months of 2012. The results were reviewed by the medical providers assigned to the patients. Patients who had positive PMP results were sorted into three categories, based on the level of concern for patient health and safety:

- **HIGHEST RISK** — patients who were receiving a concurrent prescription for methadone.
- **VERY HIGH/HIGH RISK** — patients who have high prescription opioid dose levels (>120 mg morphine equivalent dose) and/or multiple prescriptions for opioids and/or benzodiazepines.
- **MINIMAL RISK** — all other patients flagged in the database with unregistered controlled substance prescriptions.

The following preliminary results are for Seattle clinic patients only; results are still being analyzed for Olympia clinic patients. Of 1,060 patients enrolled at ETS on January 4, 2012:

- About 30% (326) had PMP entries for Schedule 2-5 drugs they received over the previous six months.
- We found two cases of mistaken or stolen patient identity.
- The number of prescribing doctors on a patient's record ranged from 1-7.
- The number of pharmacies any one patient used ranged from 1-7.
- Almost half of the patients had prescriptions for a single drug type.
- About one-third had prescriptions for two drug types.
- Nearly 20% of patients had 3-4 drug types.
- More than 55% of prescriptions were for opiates. Individuals had between 1-27 prescriptions for opiates.
- Benzodiazepines were the next most frequently prescribed (about 28% of the scripts, with individuals receiving between 1-19 scripts).
- About 28% of patients had prescriptions that had been appropriately registered with ETS, and/or were for substances which medical staff determined warranted a reminder to register medications in the future.
- About 21% had prescriptions which were determined to be minimal risk.
- Nearly 45% of patients had unregistered prescriptions for benzodiazepines and/or opioids which warranted immediate disciplinary action.
- 7% of patients had unregistered prescriptions for methadone which resulted in termination from treatment.

ETS Medical and Counseling staff have been very pleased with their use of the PMP and feel strongly it has added great value to our clinical work with patients. Importantly, the PMP has helped strengthen the therapeutic milieu through identifying those who remained involved with unapproved opiate, benzodiazepine or methadone use without our knowledge.

Pilot Project Begins for Treating Women with COD

By Melissa Laws, Prosperity Counseling and Treatment Services

Prosperity Counseling and Treatment Services began treating Veterans with co-occurring disorders (COD) in 1992, and became a gender-specific agency in 1997. We focus on treating women, including pregnant and parenting women and women with co-occurring disorders (COD). Working with chemically-dependent patients over the years, and seeing a higher prevalence of mental health diagnoses, we have continued to develop patient-focused interventions for COD.

Prosperity has developed a pilot project to improve retention and completion rates for women with COD. Funding for this is provided by the state Division of Behavioral Health and Recovery. By using protocols from the Substance Abuse and Mental Health Services Administration (SAMHSA), along with our treatment experience, we developed new guidelines for admission and treatment criteria for women with COD.

The new criteria is designed to improve engagement with patients who have both a mental health and a chemical dependency diagnosis, with features consistent with axis one or two of the DSMIV-TR. Patients must complete detoxification of mood altering substances, including benzodiazepines, and be stable on any medications for any mental health diagnosis.

The measure of severity for patients admitted needs to fit within quadrant three or four of the Levels of Care Quadrants (Ries, 1993). It is helpful if patients have a case manager from their local mental health facility to provide continuing care support when they return home, but this is not mandatory. Prosperity is not able to admit patients with active psychosis or combative or volatile behavior patterns.

The pilot project consists of appropriate assessments, which include in-depth screening for symptoms consistent with the diagnosis. Our education and curriculum interventions address patient behavior through relapse prevention, relational challenges, and family, peer, and societal belief barriers. Aftercare development is created through community-centered linkages to include referral and contact with primary care, mental health, and peer support within the confines of community and funding accessibility.

Our services are delivered by a team of chemical dependency professionals, clinical social workers, physicians who oversee medication management, nurses for medication concerns and needs, doctoral oversight for mental health management and staff training, and other staff support. We measure our program's success by surveying patient's skills and knowledge when they are admitted, and again when they are discharged.

Through this pilot project, Prosperity hopes to continue and expand our services to effectively treat more people with co-occurring disorders. For screening and admission information, please contact Prosperity Counseling and Treatment Services at (253)-863-1380.

Voices of Recovery

Each day I continue to work hard on my recovery and love every minute of it. I speak about my experience wherever I can. I share my strength and hope so that others will find inspiration that there is a solution. While sometimes this process helps me more than others, it also reminds me daily of what things were like and who I was, but more importantly, who I've become.

- Mike

I'm 100 percent committed to my recovery. Even though some days are still hard, I know I can make it through the tough times. I now have a good job, a house, and a family. Additionally, I now have something I never thought I could, sobriety and true happiness.

- Ian



www.recoverymonth.gov

After my anonymity was broken in early 2011, I decided to embrace the opportunity to go public with my battle with alcoholism. My goal then and now is to put a human face on this treatable disease and chip away at the misconceptions that still very much exist in our society. I want to do whatever it takes to increase awareness and educate those who do not understand that this disease affects many American families in one way or another.

- Laurie



Next Steps in Children's Mental Health Services Redesign

By Rick Weaver

The T.R. v. Dreyfus interim agreement, evidence-based practices, health homes — these topics and more are on the minds of youth, their families,

Regional Support Networks (RSNs), providers and state agency staff. To integrate these many activities and build a single, cohesive approach to children's mental health services in Washington State, the state Division of Behavioral Health and Recovery is developing a plan to redesign services using a System of Care framework.

The System of Care model is an organizational philosophy and framework that involves collaboration across agencies, families, and youth for the purpose of improving access and expanding the array of coordinated community-based, culturally and linguistically competent services and supports

for children and youth. A System of Care framework is the perfect vehicle for a single, coordinated plan to advance services for children and their families. Instead of multiple plans working in isolation, we will coordinate timing, funding, and inter-agency efforts for a common destination and goals.

The plan will consist of multiple documents:

- A narrative will provide an overview of the plan and its development, describe its contents and outline the tasks and groups working on each major area. A document providing descriptors of the re-designed system will also be a part of the plan.
- An introduction will serve as key to the project work plan.
- A work plan will provide detailed, step-by-step activities to implement the plan. It does not have all the answers, but outlines a structure for exploring and answering questions in defined steps.
- An evaluation plan will identify performance indicators to provide accountability to legislators and other stakeholders.

The children's mental health re-design plan will address each of the issues raised by system stakeholders. Actions listed in the T.R. v. Dreyfus interim agreement, the evidence-based practices bill (E2S-HB 2536), and similar projects will be included. The activities are tightly integrated and cannot be pulled apart. Each activity and step along the plan's path is integral to the overall success of the plan.

A critical part of the plan is establishing a governance structure. The governance structure is the product of System of Care values and principles, and will sustain the efforts to reform children's mental health services. It provides a framework for youth, families, system partners and other stakeholders to participate in developing the system.

The draft plan will be posted for review and comments on DBHR's Stakeholder Notices web page in late June. Following the comment and revision period, the plan will be formally adopted. Work on many of the activities is already underway. For questions about the Children's Mental Health Services Redesign, email Rick.Weaver@dshs.wa.gov.

Pilot Communities Aim to Forge New Partnerships and Inform the Underage Drinking Prevention Field

It's going to be a little harder for youth to get alcohol in four Washington communities if a new 15-month pilot project is successful. Over the next year, community-based prevention coalitions in Moses Lake, Quincy, Omak and Long Beach will be implementing a comprehensive mix of underage drinking prevention strategies, with a major focus on working with law enforcement.

One of the enforcement activities under this grant-funded project is to augment existing compliance checks. Compliance checks are a method of ensuring stores are checking IDs and not selling alcohol to youth. At least one of the four communities will also conduct Party Intervention Patrols. This is where multiple law enforcement jurisdictions, typically local police working with county sheriff, 'bust' underage drinking parties in a controlled manner. The youth benefit from a brief alcohol screening intervention before they are released to their parents. Over the past few years, PIPs have been successfully implemented in Pierce County.

Coalitions in each of these four communities will also work with their local schools to train staff in how to identify youth that are under the influence, and how to best refer those youth to prevention and treatment resources available in the school and community. The city councils in each of these communities will also play an active role. As part of this project, a council-level work session will be convened to focus on what that community can do to support underage drinking prevention.

Funding for these pilot communities comes from an Enforcing Underage Drinking Laws discretionary grant from Office of Juvenile Justice and Delinquency Prevention. Washington's

Division of Behavioral Health and Recovery (DBHR) was only one of three states awarded this nationally competitive grant. Michael Langer, Behavioral Health Administrator at DBHR, commented "In today's tight fiscal environment, we are proud to be able to direct much needed new funds into these communities. We see this as an investment that will pay huge dividends for young people and their communities."

By piloting these efforts across four different communities, each community's experiences will inform the underage drinking prevention field. As the project unfolds, new partnerships and collaborations on local, county, and state levels will be forged. While the timeline of this project is relatively short, if the efforts in these pilot communities are successful, they will model successful partnerships for use in other parts of the state.

For more information about the Law Enforcement and Communities Partnering to Reduce Underage Drinking project, contact Ray Horodowicz at Ray.Horodowicz@dshs.wa.gov or (360) 725-1528.

Know someone who would want to join the community-based prevention coalition in one of these four communities? Here is who to contact:

- Moses Lake Prevention Coalition Carolyn Pence, CPence@go.grant.wa.us, (509) 765-5402
- Quincy Communities That Care: Erin James, QuincyCTC@QuincyCTC.org, (509) 289-0276
- Wellspring Community Network in Long Beach: Melissa Sexton, MSexton@go.pacific.wa.gov, (360) 875-9343
- Okanogan County Community Coalition: Megan Azzano, MAzzano@okbhcc.org, (509) 826-8483

Upcoming Events Click [here](#) for more training resources.



SEPTEMBER '12

NATIONAL SUICIDE AWARENESS WEEK

During Recovery Month, join in spreading the positive message that behavioral health is essential to overall health, that prevention works, treatment is effective and people can and do recover. Join the Voices for Recovery — It's Worth It!

4-10 NATIONAL SUICIDE AWARENESS WEEK

12-15 FOURTH ANNUAL TRIBAL CONFERENCE ON PROBLEM GAMBLING AWARENESS
Anacortes

14-16 COUNSELOR CAMP FOR ADOLESCENT CD AND MH TREATMENT PROFESSIONALS
Randle



OCTOBER '12

8-9 CO-OCCURRING DISORDERS CONFERENCE
Yakima



NOVEMBER '12

4-6 WASHINGTON STATE PREVENTION SUMMIT
Yakima

Share news about your prevention, intervention, treatment, and aftercare program. If you have events, success stories, announcements, or a policy/advocacy issue you want to write about, email deb.schnellman@dshs.wa.gov, or call 360-725-3763.

It's a Long Road that has no Turning

— Irish Proverb

By Tina Burrell

Mike Towey has dedicated his career to supporting and improving the standards for workforce development in the field of human services; this has been his persistent work and our field's gain. Mike has announced that he will retire in July.



Mike has been in the human services field since 1974, working in almost every aspect of substance use prevention and treatment. With 33 years of teaching and as tenured faculty at Tacoma Community College (TCC) for a program that offers a two year degree with an enrollment of 250 students, he has encountered countless opportunities to train and prepare new students for the human services field. During this tenure, he has provided instruction and skill development in a variety of human service occupations, and prepared many to work as chemical dependency professionals in Washington State.

A TCC student said of Mike: "I loved him as an instructor. He made things clear and understandable. He was laid back and very patient. We covered a lot of information in a short period of time but a fire was lit in me toward the research part of addictions and the brain."

In addition to his students, he has also impressed and impacted his colleagues. Paul Weatherly, Advisor/Director for Alcohol and Counseling, at Bellevue College, shared that when he started working as an instructor, Mike "stepped up to be a wonderful mentor for me. There was always encouragement from him."

Mike has also provided specialized training in a number of human service topics for community programs since 1996. Throughout his career he has written grants for both college and private sector organizations and has been project manager on several programs.

He has demonstrated leadership by serving in key positions on the following advisory boards, organizations or task groups:

- Washington State Consortium of Addiction Studies Educators (WACASE); Founding member since 1987, President.
- Vocational Opportunities Training Education Board (VOTE) 1985-1995. VOTE provided vocational training opportunities for people recovering from chemical dependency.

- Harmony Hill Board (a cancer retreat center) 1988-present; Past Board Chair.
 - National Association of Human Service Educators.
 - Commission for the Advancement of Addiction Professionals - Member since 1997
 - Member of the national committee drafting supervisory competency standards for the Center for Substance Abuse Treatment, Washington, DC, October 2005. He also worked on SAMHSA's grant to develop competencies for Chemical Dependency Professionals, administered through NAADAC 2008-2010.
 - Prevention Certification Board of Washington State (President 2005), 2002-2009.
 - The Washington Association of County Human Services (past President), 1983-1989.
 - Grant evaluation committees for Washington State government 1987-1990.
 - Member of several community and church committees, including many focused on human services and social justice issues.
 - NAADAC's committee for drafting curriculum criteria for different levels of Education, from Associates degrees through Doctoral programs.
- Mike work has been honored along the way and has received the following recognition:

- 1996 — Faculty Excellence Award - Tacoma Community College.
- 1996 — Outstanding Contributions to the field of Chemical Dependency from the Washington State Division of Alcohol and Substance Abuse.
- 1999 — Vocational Educator of the Year - WAVE AWARD.
- 2001 — Marian Clubok Award, National Organization for Human Services, for outstanding contributions to the human services.
- 2004 — Faculty Excellence Award - Tacoma Community College.
- 2006 — Outstanding Chemical Dependency Educator of the Year from the Washington State Division of Alcohol and Substance Abuse.

DBHR recognizes Mike's persistent commitment to improving the continuum of care and support for the prevention, intervention and treatment of substance abuse. Mike may lay claim to "retirement" and will be spending more time with family and his grandchildren, but it's likely he will also be working on some project, somewhere. Maybe even in Ireland.

Tina Burrell is the Behavioral Health Youth Treatment Lead at DBHR. She may be reached at Tina.Burrell@dshs.wa.gov.